	<u> </u>			·					10.1	14.	40°5		_
	PATENT	APPLICATION Effect	ON FEE (			10N RECO	ORD 362		Applicatio MS30	_	•	mber 1 <del>115</del> 7	90:
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40		· .		lı	RATE	FEE	ן ר	RATE	FEE.	1
FOR			NUMBER	UMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEI	770.00	1
TOTAL CHARGEABLE CLAIMS			40 minus 20=		. 20			X\$ 9=		OR	X\$18=	360	1
INDEPENDENT CLAIMS -				ninus 3 =				X43=		OA	X8 <b>6</b> =	430	
M	ULTIPLE DEPE	NUENT CLAIM P	HESENT					•145=		OR	+290=	0	
If the difference in column 1 is			less than z	ero, entèr	"0" in column 2		Ľ	TOTAL	<del> </del>	OR	TOTAL	180	1 ·
	1-1608	MENDE	D - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER	THAN	1	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
Ě	Total	· 40	Minus	-8	0	. /		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	PENDENT	CLAIM	·/		X43=		OR	X86=		
_	14110771120						'	+145=	·	OR	+290=		
	4-21-	(Column 1)		(Colum	ın 2)	(Calumn 3)	A	TOTAL DOIT. FEE		OR ,	TOTAL NODIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMEDICMENT		HIGHE NUME PREVIO PAIDY	ST ER USLY	PRESENT		RATE	ADDI- TIONAL FEE	] . [	RATE	ADDI- TIONAL FEE	
	Total	. 37	Minus	-4	<u> </u>	= //	П	X\$ 9=		OR	X\$18=		
	Independent	• 8.	Minus	\	<u>Z</u>	$\cdot (\underline{p})$		X43=		OR	. X86≃		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+145=		OR	+290=		
7	rF)						AC	TOTAL DOIT. FEE		OR A	YOYAL DOIT, FEE		
7		(Column 1) CLAIMS		(Colum	ST	(Column 3)		•	4001	F		4000	
	Worldde	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE	
	Total	· 3Q.	Minus	-46	)	• / <sub>-</sub>	Γ	X\$ 9=		OR	X\$18=		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

 ADDIT. FEE

ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

OR ADDIT. FEE

FORM PTO-STS (Res. 1003)

Peners and Tradomain Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

X86/

+290=

X43=

+145=